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PTO/SB/22 (06-03)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)  
APBI-P04-340

In re Application of	Michael Z. Gilman	
Application Number	09/676834	Filed September 29, 2000
For: NEW APPLICATIONS OF GENE THERAPY TECHNOLOGY		
Art Unit	1636	Examiner W. Sandals

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ _____  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | 55.00     |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account Number _____   | 18-1945   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____                  | 18-1945   |

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record. Registration Number \_\_\_\_\_
- attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 54,408

October 9, 2003  
Date

*M.R.*  
Signature

(617) 951-7653  
Telephone Number

Melissa S. Rones, Ph.D.  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/9/03 Signature: Ginny Blundell (Ginny Blundell)